



City of Santa Barbara
Parks & Recreation Department
Teen Programs Division

APPLICATION FOR CITY YOUTH COUNCIL

For more information on the Youth Council and other Teen Programs please visit our website: www.sbparksandrecreation.com/teens

Mailing Address:

Attn: Ashley Sanchez/Youth Council
Teen Programs
P.O. Box 1990
Santa Barbara, CA 93102-1990

Street Address:

Carrillo Recreation Center (Upstairs)
100 E. Carrillo St.
Santa Barbara, CA 93103
(805) 897-2650

Applicant Information

First Name:	Last Name:	DOB:
Address:	City:	ZIP:
Phone:	E-Mail:	
School:	Grade:	

Emergency Contact Information

First Name:	Last Name:	
Address (if different from above):	City:	ZIP:
Daytime Phone:	Evening Phone:	

Please list and describe your involvement in any on-campus clubs, sports, etc. as well as any extracurricular activities:

Please list and describe your involvement in any community service projects:

Describe your skills, interests, and reasons why you believe you should be appointed to the Youth Council:

Are you able to attend regular 2-hour meetings on the 1st & 3rd Mondays of each month? () YES () NO

Are you able to fulfill a minimum time commitment of 10 hours per month? () YES () NO

Please list two references (professional or personal):

Name:	Phone Number:
Relationship:	
Name:	Phone Number:
Relationship:	

The following information is collected for statistical purposes only:

Sex: () Female () Male Age: _____ Ethnicity: _____ Grade: _____

How did you hear about the Youth Council? _____

I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements and/or information shall be just cause for rejection of this application or subsequent discharge.

This application must be signed in ink and dated.

Signed: _____

Date: _____

FOR OFFICE USE ONLY-----

Date Received: _____ Date Interviewed: _____ Date Appointed: _____

